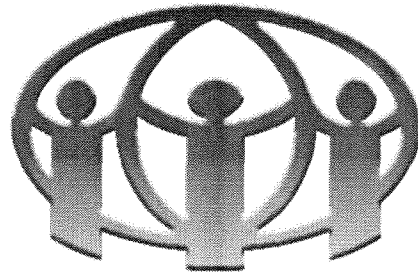


# **Adventist Development and Relief Agency**



**ADRA**  
**NICARAGUA**

## ***CHILD SURVIVAL PROJECT XVII, MADRIZ***

October 2001 – September 2006

HFP-A-00-01-00032-00

### ***ANNUAL REPORT***

October 2002 – November 2003

November, 7<sup>th</sup>, 2003

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## ACRONYMS LIST

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ADRA	Adventist Development and Relief Agency International
W&S	Water and Sanitation
CDC	Community Development Committee
DIP	Detailed Implementation Plan
MINSA	Ministry of Health
SILAIS	Health Integrated Attention Local System
SCM	Standard Case Management
MSH	Management Sciences for Health
CFHU	Completely Functional Health Units
SMSP	Social Medicine Sales Posts

## I. INTRODUCTION

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The Child Survival Project is located in 131 communities in 6 municipalities of the department of Madriz. The objectives are the following:

- Improve quality health care attention in the health units.
- Improve the access to the health units.
- Improve the adoption of better health habits in the community.

The target population is:

- **31,965** Women of Reproductive Age.
- **10,212** Children less than 5 years old, 34 % of them (**3,486**) are less than 24 months old.

The proposed interventions to reach quality life improvements are the following:

- Immunization
- Nutrition
- Attention to Children with Acute Diarrheal Diseases
- Attention to Children with Acute Respiratory Illness
- Maternal and New Born Care
- Childbirth Spacing
- Breast Feeding and HIV/AIDS

## II. PROJECT ADVANCES

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For year 2003 the most important achievements are the following:

1. Community Participation through the Community Organization.
2. Implementation and application of the Monitoring Guide for the First Level of Attention in Health Units.
3. Training for Rural Adolescents Clubs on HIV/ AIDS.

### 1. Community Participation through the Community Organization

To achieve the participation of the diverse sectors of the community regarding the health issues, the organization of the Community Development Committees was encouraged. A Community Organization Strategy was implemented. This strategy was initiated in coordination with the mayor's offices by strengthening and organizing the Community boards where necessary. These Boards are structures promoted by the government through the mayor's offices.

In addition, as part of the Community Organization the Water and Sanitation, Environment and Agriculture Committees were formed. These committees will work with the Community Boards. The Health Committee was integrated into the

Community Board. The Community Board will coordinate activities directly with the Health Committee and at the same time execute activities with mothers clubs, fathers clubs and adolescents clubs (the CS project facilitated the organization of these clubs).

Once the Community Organization was established, a diagnosis of the community needs was completed, as well as training in the capacity of auto-solution seeking to these problems. Quality of life improvement and sustainable solutions to community health problems are being promoted. (See annex A: Organigram CDC)

## **2. Implementation and Application of the Monitoring Guide for the First Level Attention Health Units.**

In response to our project objective of improving the quality of attention of the health units, the implementation of the strategy for continuous monitoring of health unit environments was implemented.

In the first phase, the activities with the Project PROSALUD of MSH were coordinated to receive training on the Verification Guide of the Completely Functional Health Units (CFHU). This was then implemented as a strategy in the departments of Matagalpa and Jinotega.

After this training, ADRA's Child Survival Project initiated a process of coordinating activities with the Local Ministry of Health (SILAIS-Madriz), with the aim to begin implementing the Verification Guide of the CFHU as a monitoring tool.

The implementation of the guide was initiated with the data collection, evaluation and monitoring. Teams were formed by the SILAIS Madriz and ADRA Technical Staff. This guide was implemented in the all the municipalities of the department of Madriz.

The SILAIS of Madriz and ADRA, participated in the revision and validation of the new instrument for monitoring and evaluation to assess in an integrated manner all the first level attention health units all over the country. The application of this guide is done quarterly. The CFHU has been applied four times during this year.

For each application of the guide in the health units, a data analysis is conducted and an action plan is developed. After the data analysis, a score is given to each health unit, based on the compliance of the guide indicators. This activity creates a competitive environment among the health units. The health unit with the highest score in indicator compliance is given public recognition by the SILAIS of Madriz and a US\$ 30.00 bonus from ADRA.

Also, the health units that participate and reach the highest score in the compliance of the application of quality standards for pregnancy, birth and post-natal attendance receive the same recognition.

The results that have been obtained subsequently to the data analysis have created a vision of change and improvement in the Health Units. Currently, health units in Madriz are scoring between 75% and 90% of quality standard compliance, which shows a clear impact on the improvement of quality of attention from the initial percentages. (See Annex C: Results in percentages obtained by each health unit in the month of October 2003).

### III. THE SCOPE OF THE OBJECTIVES

The Child Survival PROJECT has implemented several activities aimed towards the compliance of the specific objectives of the program, reflecting the coverage in the statistical results obtained from the community information system.

*(See Annex C: Statistical Results from the Health Information System ).*

STRATEGIC OBJECTIVES	ACTIVITIES ORIENTED TOWARDS THE COMPLIANCE OF THE STRATEGIC OBJECTIVES	PROGRESS TOWARD OBJECTIVES
Improve the Quality of Health Care Attention in the Health Units	Measurement of the protocol of Standard Case Management in the Health Units	Yes
	Monitoring guide Application	Yes
	Meeting with MINSA for the revision of the quarterly report and continuous quality improvement	Yes
	Obstetrics Shifts	Yes
Improve access to health units	Support in Immunization Sessions	Yes
	Implementation of community pharmacies	Yes
	Cooperation Request to producers and local entrepreneurs for medicines purchases	Yes
Improve the adoption of better health habits in the community	Information Systems Updating	Yes
	Training by sectors in central communities for volunteers in diverse topics related to the Project components	Yes
	Workshop on Nutrition and Anthropometrics aimed to ADRA Technical Team and volunteers	Yes
	Identification of mothers and fathers for Positive Deviants	Yes

#### **IV. LIMITING FACTORS**

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N.A.

#### **V. TECHNICAL ASSISTANCE**

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ADRA would like to obtain more knowledge on diverse forms or experiences of reaching an improvement in quality of attention in the health units. ADRA will plan to promote the knowledge of the formulation of administrative policies of the Social Medicine Outposts.

There is a scheduled updating on Child Nutrition, Acute Diarrheal disease and Acute Respiratory Infection to be done with the University of Loma Linda, California. ADRA medical team and SILAIS Madriz will participate with the hope to strengthen the present strategies of the Project.

#### **VI. CHANGES IN THE PROGRAM**

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The protocol of the Project proposes the implementation of 20 Social Medicine Outposts (Community Pharmacies) for the Child Survival Project. However, numerous health regulations regarding the community pharmacies are presently under revision by the Ministry of Health of Nicaragua. The reforms made to these regulations will include substantial additional financial commitments that were not originally included in the project proposal. With these steps to be taken by the National Assembly, the CS project is forced to limit the number of Social Medicine Outposts to five.

#### **VII. PROGRAM ADMINISTRATION SYSTEM**

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##### **Finance Administration System:**

ADRA Nicaragua is committed to continuous improvement. In line with this commitment, ADRA is using accounting software to reduce the possibility of human mistakes. The procedure manuals covering the financial and administrative procedures have been elaborated. This year, a Workshop was held on "Continuous Quality Improvement" with the objective to encourage project staff to design tools to improve accounting, financial and administrative procedures.



## **Human Resources:**

### **Administration**

The Country Director is the representative of the Agency. About 10% of his time is dedicated to support the Project Administration.

The Program Director (10% of time) and a Finance Director (10% of time) support and coordinate the Project administration in several technical and financial activities as the project network demands.

The Logistic Officer (15% of his time) assures the adequate transfer of all necessary resources (office supplies, vehicles and motorcycles maintenance, photocopy accessories, computers, etc) for the execution of field activities.

The Project Director (100% of his time) is the person in charge of the implementation and monitoring of the project. This person coordinates, with the MINSA and other Partners (INPRHU, Movimiento Comunal, PROFAMILIA, etc), and the completion of all the health activities in the community. Another part of this job is to coordinate the work plan by different areas and assure the implementation of the strategies in agreement with standardized MINSA protocols. This person also reports to the Program Director about the success or obstacles found along the way.

The Monitoring and Evaluation Officer (15% of time) assures the Project adjustments to achieve the stated indicators. In coordination with the Project Director, this person also prepares a timely and complete report and keeps the Director well informed.

### **Technicians**

The Field Representative (100% of time) organizes and supervises the work plan of eight health workers. They are in charge of coordinating the activities in the field and health units in the targeted municipalities. This person also keeps the Project Director well informed.

The eight health workers (100% of time) organize, train and monitor the Project activities through the health volunteers' network. These persons assure that the health volunteers correctly manage the Community IMCI protocols, as well as the present strategy recommended by MINSA.

The Quality Officer (100% of time) monitors the quality of the IMCI implementation protocol in the health units and health posts of MINSA. Also, this person is in charge of the quality and quantity of the vaccines inventory for the immunization program in each health unit.

The Pharmacy Officer has been hired for 100% of his/her time. Main tasks include assuring the implementation of the Social Medicines Outposts, as well as the design of continuously monitoring these.

## **Support**

The administrative assistant / cashier (100% of time) is in charge of the Project logistics. Other responsibilities include guaranteeing cash flow management in accordance with daily project expenditures.

The accountant (100% of time) is responsible for maintaining the Project accounting. This person is in charge of petty cash accounts and checks emissions, as well as controlling the funds disbursements and reimbursements. Another duty is the preparation of monthly reports and payment plans revision.

The driver (100% of time) assures personnel transportation, as well as material transportation to the different communities or training centers.

The security/janitor (100% of time) is in charge of cleaning and watching over the offices in the city of Somoto.

## **Communication System and Development Equipment**

There are four levels of information communicating.

1. **Community Level.** The health workers stay in direct contact with the communities through the health volunteers. They meet at least four times per month to plan the community activities. The planning of these activities is made, mostly, in the presence of health unit personnel and local partners. The health volunteer's networks informs MINSA about the project advances in the community and at the same time receive new orientations for constant activity improvements.

2. **Internal Project Level.** The Director meets weekly with the project team to monitor the advances made. They discuss the most appropriate methods for the implementation of strategies that assure the success in the community.

3. **Administrative Committee.** The ADCOM is formed by the Country Director, Finance Director, DAP Director, Child Survival XVII Project Director, Monitoring and Evaluation Officer, Human Resources Officer and/ or Logistic Officer. In this meeting all the present challenges are laid out and the strategic alliances are formed to guarantee that the projects are being implemented. The Project Director recommends the list of Project employees to be hired. The Project Director's Contract Renovation is approved by the ADRA Nicaragua Board of Directors.

4. **The Partners:** The Project Director in coordination with his technical team has a quarterly meeting with SILAIS authorities and health unit directors of the department. During this meeting they discuss the results of the monitoring guide of quality in health attention.

➤ **Inter-institutional relation with local partners**

Currently, an evaluation of the activities implemented by the Project is being designed and will be carried out by the main partner, MINSA in this case. This tool will allow the evaluation of technical capabilities, strategies implementation and project advances.

For the design of this guide, the PROJECT will be advised by specialists in the topic of evaluation of administrative procedures.

On the other hand, the PROJECT is part of the prestigious NICASALUD Network, whose Board of Director's President is ADRA Nicaragua Country Director. This network allows the NGOS to have influence in national health policies changes.

➤ **Coordination/ Collaboration of the PROJECT in the country**

During this year, local organizations have been involved in Project activities. The following chart shows the type of collaboration.

No	Organization	Type of Collaboration
1	Nicaragua Red Cross	Training and Information Exchange
2	HOPE and CARE	Experience Exchange
3	MINSA	Update Training, Monitoring on Health Units
4	INPRHU	Coordinated Field Visits
5	PAININ	Actions Planning with the organization network financed by PAININ

➤ **PROJECT Audits**

ADRA Nicaragua is a participant in the overall institutional audit of ADRA International mandated by Office of Management and Budget Circular A-133. The accounting firm of Price Waterhouse Coopers conducts this audit. The scope of this audit includes all federal projects for which ADRA International is a funding recipient. Examinations of implementing field offices are scheduled based on availability of qualified providers of audit services and other logistic considerations.

## **VIII. ANNUAL PLAN**

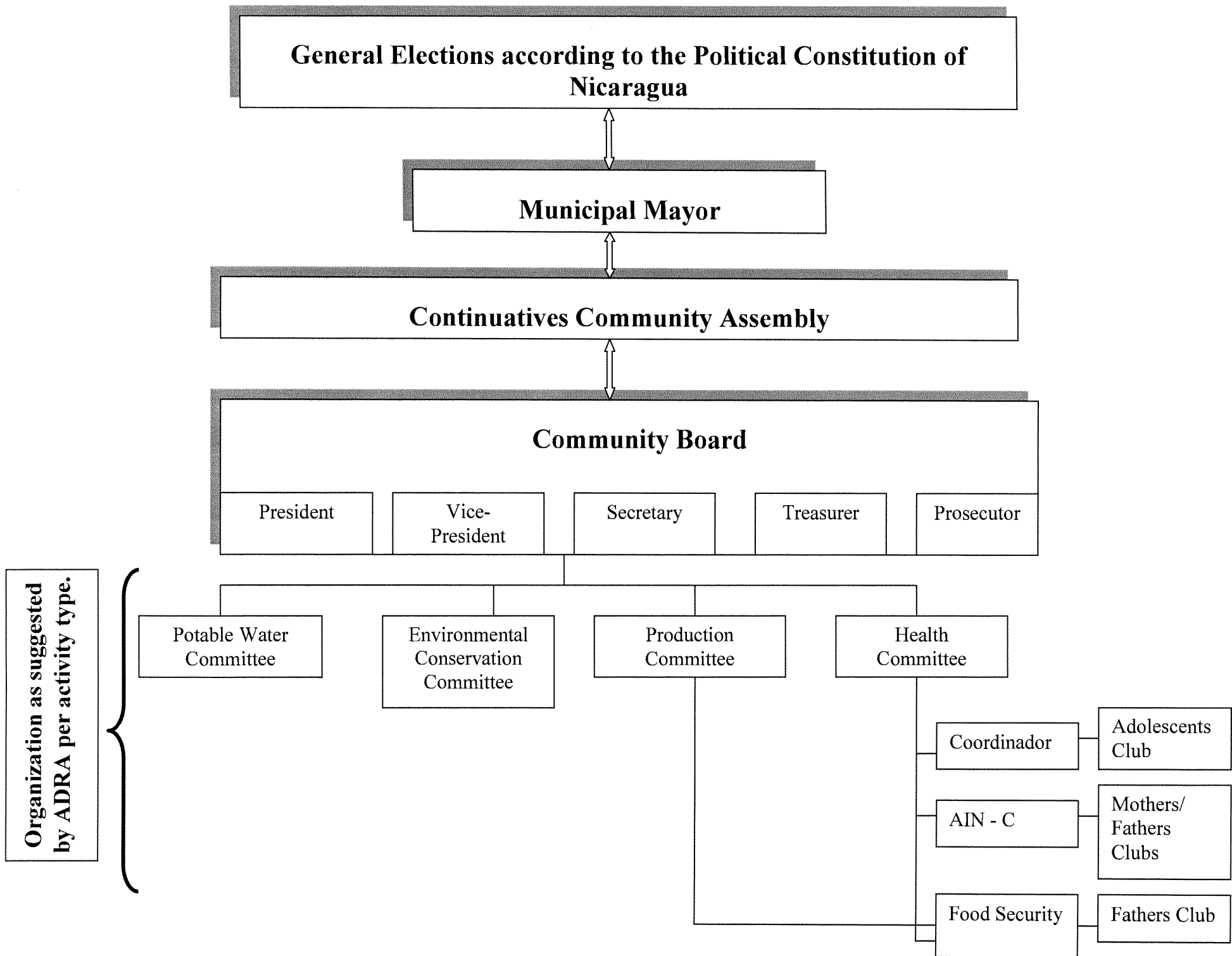
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*(See Annex D: Annual Plan October 2003 – September 2004.)*

## Community Development Committee Organigram

# APPENDIX A





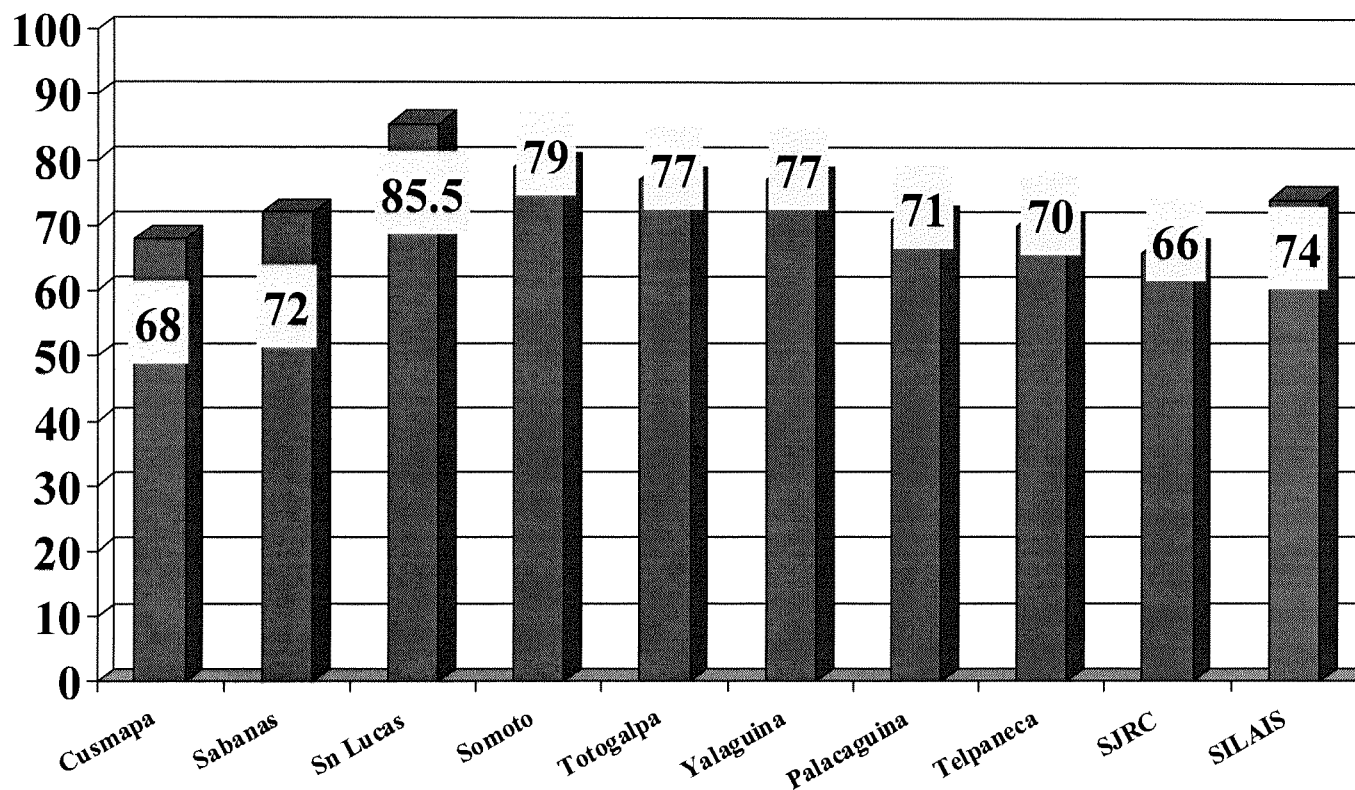
**Results in percentages obtained per health  
unit in the month of October 2003**

# APPENDIX B



# Monitoring Guide Results

## Overall Percentages



## Statistical Results / Health Information System

# APPENDIX C





**ANNUAL REPORT 2003**

No	Municipality	TALKS GIVEN ON																				
		ADI	%	ARI	%	Breastfeeding	%	VPCD	%	Immunization	%	Family Plan	%	APN	%	TT	%	Nutr	%	Gardens	%	Total
1	Trim. Oct. - Dic. 02	1143	19.1	701	11.7	658	11.0	961	16.0	898	15.0	478	8.0	281	4.7	287	4.8	455	7.6	134	2.2	5996
2	Trim. Ene - Mar. 03	712	19.9	426	11.9	446	12.4	638	17.8	194	5.4	519	14.5	281	7.8	41	1.1	237	6.6	90	2.5	3584
3	Trim. Abr. - Jun. 03	1211	22.4	1044	19.3	489	9.0	531	9.8	602	11.1	303	5.6	751	13.9	194	3.6	213	3.9	74	1.4	5412
4	Trim. Jul. - Sept. 03	1212	19.0	1051	16.5	942	14.8	936	14.7	324	5.1	556	8.7	445	7.0	233	3.7	566	8.9	115	1.8	6380
	TOTAL	4278	20.0	3222	15.1	2535	11.9	3066	14.3	2018	9.4	1856	8.7	1758	8.2	755	3.5	1471	6.9	413	1.9	21372

**ANNUAL REPORT 2003**

No	Municipality	HOME VISITS ABOUT																					
		ADI	%	ARI	%	Breastfeeding	%	VPCD	%	Immunization	%	Family Plan	%	APN	%	TT	%	Nutrition	%	Gardens	%	Total	
1	Trim. Oct. - Dic. 02	216	26.5	50	6.1	53	6.5	195	24.0	104	12.8	40	4.9	48	5.9	36	4.4	42	5.2	30	3.7	814	
2	Trim. Ene - Mar. 03	141	16.6	26	3.1	94	11.1	391	46.1	59	6.9	36	4.2	63	7.4	20	2.4	8	0.9	11	1.3	849	
3	Trim. Abr. - Jun. 03	135	20.7	81	12.4	44	6.7	263	40.3	25	3.8	27	4.1	47	7.2	3	0.5	14	2.1	14	2.1	653	
4	Trim. Jul. - Sept. 03	132	16.6	87	10.9	58	7.3	335	42.0	12	1.5	18	2.3	82	10.3	8	1.0	33	4.1	32	4.0	797	
TOTAL		624	20.0	244	7.8	249	8.0	1184	38.0	200	6.4	121	3.9	240	7.7	67	2.2	97	3.1	87	2.8	3113	

**ANNUAL REPORT 2003**

No	Municipality	MATERNAL HEALTH													
		WFA(women of fertile age)		%	WFA Plan		WFA Preg		EMB APN		WFA 2TT		WFA Ref.		
		#	WFA with VSA		#	%	#	%	#	%	#	%	#	%	
1	Trim. Oct. - Dic. 02	8909	4775	53.6	2284	47.8	316	6.6	290	91.8	6043	67.8	1.4	0.0	
2	Trim. Ene - Mar. 03	8753	4616	52.7	2268	49.1	290	6.3	269	92.8	5424	62.0	1.3	0.0	
3	Trim. Abr. - Jun. 03	9054	4789	52.9	2337	48.8	278	5.8	265	95.3	5747	63.5	1.3	0.0	
4	Trim. Jul. - Sept. 03	9220	4998	54.2	2506	50.1	313	6.3	308	98.4	5761	62.5	1.3	0.0	
TOTAL		35936	19178	53.4	9395	49.0	1197	6.2	1132	94.6	22975	63.9	5.3	0.015	

**ANNUAL REPORT 2003**

No	Municipality	NUTRITIONAL STATE OF CHILDREN <5 YEARS											VPCD					
		Children <5	Weighed		Mainnurished		Under weight		Normal		Over weight		Monitered Children		C.S.		At Risk	
			#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
1	Trim. Oct. - Dic. 02	5070	4090	80.7	651	15.9	1727	42.2	1657	40.5	55	1.3	3177.0	77.7	1867	58.8	1310	41.2
2	Trim. Ene - Mar. 03	4833	3915	81.0	620	15.8	1659	42.4	1573	40.2	63	1.6	2802.0	71.6	1557	55.6	1245	44.4
3	Trim. Abr. - Jun. 03	4960	4104	82.7	640	15.6	1805	44.0	1590	38.7	69	1.7	3006.0	73.2	1679	55.9	1327	44.1
4	Trim. Jul. - Sept. 03	4901	4048	82.6	643	15.9	1798	44.4	1547	38.2	60	1.5	3196.0	79.0	1701	53.2	1495	46.8
TOTAL		19764	16157	81.7	2554	15.8	6989	43.3	6367	39.4	247	1.5	12181	75	6804	56	5377	44

Consolidado Trimestral  
Abril - Junio  
2003

**ANNUAL REPORT 2003**

No	Municipality	Population <1 Yr.				VIT A	
		#	Infants <4 months	Ex. Breastfeeding		#	%
			#	#	%		
1	Trim. Oct. - Dic. 02	754	262	258	98.5	3907	81.3
2	Trim. Ene - Mar. 03	745	246	241	98.0	0	0.0
3	Trim. Abr. - Jun. 03	807	224	219	97.8	4069	85.9
4	Trim. Jul. - Sept. 03	792	228	214	94.7	0	0.0
TOTAL		3098	958	932	30.1	7976	-257.5

Consolidado Trimestral  
Abril - Junio  
2003

ANNUAL REPORT 2003													
No	Municipality	IMMUNIZED STATE OF CHILDREN UNDER 1 YEAR											
		Children <1		BCG		DPT		Polio		Chicken Pox		Up to Date	
		#	%	#	%	#	%	#	%	#	%	#	%
1	Trim. Oct. - Dic. 02	754	15	743	98.5	694	92.0	694	92.0	0	0.0	739	98.0
2	Trim. Ene - Mar. 03	745	15	714	95.8	653	87.7	651	87.4	0	0.0	694	93.2
3	Trim. Abr. - Jun. 03	807	16	797	98.8	724	89.7	724	89.7	0	0.0	783	97.0
4	Trim. Jul. - Sept. 03	792	16	772	97.5	698	88.1	694	87.6	0	0.0	752	94.9
TOTAL		3098	16	3026	97.7	2769	89.4	2763	89.2			2968	95.8

**ANNUAL REPORT 2003**

<b>No</b>	<b>Municipality</b>	<b>ILLNESS CARE</b>							
		Cough		Plan A or B		Other Problems		Referred	
		#	%	#	%	#	%	#	%
1	Trim. Oct. - Dic. 02	168	3.3	38	0.7	33	0.7	39	0.8
2	Trim. Ene - Mar. 03	136	2.8	50	1.0	28	0.6	20	0.4
3	Trim. Abr. - Jun. 03	143	2.9	109	2.2	25	0.5	32	0.6
4	Trim. Jul. - Sept. 03	347	7.1	125	2.6	103	2.1	42	0.9
<b>TOTAL</b>		<b>447</b>	<b>2.3</b>	<b>197</b>	<b>1.0</b>	<b>86</b>	<b>0.4</b>	<b>91</b>	<b>0.5</b>

ANNUAL REPORT 2003					
No	Municipality	FOOD SECURITY			
		Gardens Est.	Fam. Benefited	Seeds	Plan of Action
1	Trim. Oct. - Dic. 02	327.0	1004.0	54.0	34.0
2	Trim. Ene - Mar. 03	235.0	974.0	68.0	23.0
3	Trim. Abr. - Jun. 03	311.0	1657.0	47.0	21.0
4	Trim. Jul. - Sept. 03	483.0	2211.0	169.0	25.0
TOTAL		1356.0	5846.0	338.0	103.0



ANNUAL REPORT 2003			
No	Municipality	DEATHS	
		MATERNAL	INFANT
		#	#
1	Trim. Oct. - Dic. 02	0	3
2	Trim. Ene - Mar. 03	0	3
3	Trim. Abr. - Jun. 03	0	6
4	Trim. Jul. - Sept. 03	0	7
TOTAL		0	19

## **Annual Plan October 2003 – September 2004**

# **APPENDIX D**





## CHILD SURVIVAL PROJECT XVII ADRA NICARAGUA

### ANNUAL ACTIVITIES PLAN 2004

No.	ACTIVITIES	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER		
		October	November	December	January	February	March	April	May	June	July	August	September
1	Quality controls completed for the components of the Project.					X			X			X	
2	Competitions with adolescents on HIV/AIDS knowledge.					X					X		
3	Education Camp with adolescents on Community IMCI, Sexually Transmitted Diseases and the risks of unwanted pregnancy.							X					
4	Implementation of Social Medicine Outposts.					X	X						
5	Monitoring and Evaluation of Social Medicine Outposts.							X	X	X	X	X	X
6	Activity monitoring of Health volunteers in charge of mothers' groups.						X			X			X
7	Monitoring and Evaluation of the functionality of home bases.					X			X			X	
8	Application of the monitoring guides for first level healthcare units.						X			X			X
9	Training on Integrated Healthcare for Infants on the Community level to the technical team and health volunteers.		X										
10	Training on Non-Formal Education Techniques to the technical team and health volunteers.		X										
11	Training in Nutrition to the technical team and health volunteers.		X										
12	Implementation of the Community Development Promoters Strategy.	X	X	X	X	X	X	X					
13	Follow-up on the implementation of the Community Development Promoters Strategy								X	X	X	X	X
14	Training on Community Leadership and Self-Sufficiency to the technical team and health volunteers.						X						
15	Training to Fathers' Clubs on HIV/AIDS.				X	X							
16	Mid-Term Evaluation for the CS XVII program						X						
17	Training to Fathers' Club on the projects interventions.							X	X			X	
18	Development of the Monitoring Guide for the CS Project activities.								X	X	X		